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# Canadian Journal of Diabetes

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## Appendix 3

### Sample Diabetes Patient Care Flow Sheet for Adults

<b>Type of diabetes:</b> <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Other		<b>Date Diagnosed:</b>		<b>Patient Name:</b>			
<b>Comorbidities:</b> <input type="checkbox"/> Hypertension <input type="checkbox"/> Coronary artery disease <input type="checkbox"/> Stroke/TIA <input type="checkbox"/> Dyslipidemia <input type="checkbox"/> Peripheral arterial disease <input type="checkbox"/> Depression/Anxiety <input type="checkbox"/> CKD - stage _____ <input type="checkbox"/> Other(s):				<b>Date of Birth:</b>			
Healthy behaviour interventions	<b>Weight (kg)</b>	<b>Height (cm)</b>	Wt _____ Ht _____	Wt _____ Ht _____	Wt _____ Ht _____	Wt _____ Ht _____	Wt _____ Ht _____
	<b>BMI</b>	<b>Waist circumference (cm)</b>	BMI _____ WC _____	BMI _____ WC _____	BMI _____ WC _____	BMI _____ WC _____	BMI _____ WC _____
	<b>Nutrition</b>						
	<b>Physical Activity</b> (Aerobic 150 mins/week, Resistance 2-3x/week)						
	<b>Smoking Status</b>		<input type="checkbox"/> Non-smoker <input type="checkbox"/> Ex-smoker <input type="checkbox"/> Smoker	<input type="checkbox"/> Non-smoker <input type="checkbox"/> Ex-smoker <input type="checkbox"/> Smoker	<input type="checkbox"/> Non-smoker <input type="checkbox"/> Ex-smoker <input type="checkbox"/> Smoker	<input type="checkbox"/> Non-smoker <input type="checkbox"/> Ex-smoker <input type="checkbox"/> Smoker	<input type="checkbox"/> Non-smoker <input type="checkbox"/> Ex-smoker <input type="checkbox"/> Smoker
Glycemic control	<b>A1C</b> (target: $\leq 7\%$ or _____ %) (Individualize based on patient characteristics and antihyperglycemic medication(s) – see CPG) (q3 months. If at target and stable – q6 months)		Test Date: Result:	Test Date: Result:	Test Date: Result:	Test Date: Result:	
	<b>Antihyperglycemic Medication(s)</b> <b>Drug Name(s)/Dose(s):</b>						
	<b>Therapy Adherence/Concerns</b>						
	<b>BG Record</b> (targets: premeal: 4-7 mmol/L or _____ mmol/L; 2hr postmeal: 5-10 mmol/L or _____ mmol/L) (Individualize based on ability to achieve A1C target + risk of hypoglycemia) (Annual fasting glucose meter/lab comparison)		Meter/Lab	Meter/Lab	Meter/Lab	Meter/Lab	Meter/Lab
	<b>Hypoglycemic Episodes</b> (frequency/pattern/driving risk)						
CV Risk Assessment and Management	<b>BP</b> (target <130/80 mmHg, 3 readings recommended)						
	<b>Pulse</b>						
	<b>Antihypertensive(s)</b> <b>Drug Name(s)/Dose(s):</b>						
	<b>CVD Symptoms</b> (angina, decreased exercise tolerance, SOB, HF symptoms, claudication)		<input type="checkbox"/> None <input type="checkbox"/> Yes	<input type="checkbox"/> None <input type="checkbox"/> Yes	<input type="checkbox"/> None <input type="checkbox"/> Yes	<input type="checkbox"/> None <input type="checkbox"/> Yes	<input type="checkbox"/> None <input type="checkbox"/> Yes
	<b>Resting ECG, every 3-5 yrs</b> If any: age >40 yrs; duration of diabetes >15 yrs + age >30 years; end organ damage (microvascular, CV); >1 CV risk factor(s)		Date: Report:	Date: Report:	Date: Report:	Date: Report:	Date: Report:
	<b>Lipids</b> (primary target: LDL <2.0 mmol/L or >50% reduction in LDL, or non-HDL <2.6 mmol/L or apo B <0.8 g/L)		LDL-C non-HDL-C test date:	LDL-C non-HDL-C test date:	LDL-C non-HDL-C test date:	LDL-C non-HDL-C test date:	LDL-C non-HDL-C test date:
	<b>Lipid-lowering Therapy</b> <b>Statin +/- 2nd line agent(s)</b> <b>Drug Name(s)/Dose(s):</b> (If any: clinical CVD; age $\geq 40$ yrs; age <40 yrs + 1 of the following: diabetes duration >15 yrs and age >30 yrs; microvascular complications; warrants therapy based on presence of other risk factors according to 2016 CCS Lipid Guidelines)		<input type="checkbox"/> Continue <input type="checkbox"/> Start <input type="checkbox"/> No – reason:	<input type="checkbox"/> Continue <input type="checkbox"/> Start <input type="checkbox"/> No – reason:	<input type="checkbox"/> Continue <input type="checkbox"/> Start <input type="checkbox"/> No – reason:	<input type="checkbox"/> Continue <input type="checkbox"/> Start <input type="checkbox"/> No – reason:	<input type="checkbox"/> Continue <input type="checkbox"/> Start <input type="checkbox"/> No – reason:
<b>ACE inhibitor/ ARB</b> <b>Drug Name(s)/Dose(s):</b> If any: clinical CVD; age >55 yrs with an additional CV risk factor or end organ damage (albuminuria, retinopathy, LVH); microvascular complications		<input type="checkbox"/> Continue <input type="checkbox"/> Start <input type="checkbox"/> No – reason:	<input type="checkbox"/> Continue <input type="checkbox"/> Start <input type="checkbox"/> No – reason:	<input type="checkbox"/> Continue <input type="checkbox"/> Start <input type="checkbox"/> No – reason:	<input type="checkbox"/> Continue <input type="checkbox"/> Start <input type="checkbox"/> No – reason:	<input type="checkbox"/> Continue <input type="checkbox"/> Start <input type="checkbox"/> No – reason:	

	<b>Antihyperglycemic Agent with Demonstrated CV Outcome Benefit</b> <b>Drug Name(s)/Dose(s):</b> (If type 2 DM with clinical CVD not at glycemic target - empagliflozin, liraglutide, canagliflozin)	<b>Date:</b> <input type="checkbox"/> Continue <input type="checkbox"/> Start <input type="checkbox"/> No – reason:	<b>Date:</b> <input type="checkbox"/> Continue <input type="checkbox"/> Start <input type="checkbox"/> No – reason:	<b>Date:</b> <input type="checkbox"/> Continue <input type="checkbox"/> Start <input type="checkbox"/> No – reason:
	<b>Antiplatelet Agent(s)</b> <b>Drug Name(s)/Dose(s):</b> (If established CVD; consider if additional CV risk factors)	<input type="checkbox"/> Not indicated <input type="checkbox"/> Yes	<input type="checkbox"/> Not indicated <input type="checkbox"/> Yes	<input type="checkbox"/> Not indicated <input type="checkbox"/> Yes
CKD	<b>Urine ACR</b> (normal <2 mg/mmol)	Test Date: Result:	Test Date: Result:	Test Date: Result:
	<b>Serum Creatinine/eGFR</b>	Test Date: Result:	Test Date: Result:	Test Date: Result:
	<b>CKD</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Retinopathy	<b>Dilated Eye Exam</b> (type 1 – annually; type 2 – q1-2 years or as recommended by vision care professional)	<input type="checkbox"/> Date of last visit: <input type="checkbox"/> Reminded	<input type="checkbox"/> Date of last visit: <input type="checkbox"/> Reminded	<input type="checkbox"/> Date of last visit: <input type="checkbox"/> Reminded
	<b>Retinopathy</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Severity/Therapies</b>			
Neuropathy	<b>Neuropathy Symptoms</b> (e.g. pain, paresthesia, GI symptoms, sexual dysfunction)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Diabetic Foot Exam</b> (includes 10 g monofilament or 128 Hz tuning fork, structural abnormalities, skin changes, pulses) (annually for screening; every visit if diabetic foot complications) See Appendices 11A, 11B and 12	Sensation _____ Pulses _____ Skin _____ Other _____	Sensation _____ Pulses _____ Skin _____ Other _____	Sensation _____ Pulses _____ Skin _____ Other _____
	<b>Neuropathy</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health	<b>Screen for Depression, Anxiety, Other Stressors</b> (consider use of PHQ-9, GAD-7)	Concerns:	Concerns:	Concerns:
Vaccination	<b>Influenza</b> (annual)	<input type="checkbox"/> No <input type="checkbox"/> Yes Reason: Date:	<input type="checkbox"/> No <input type="checkbox"/> Yes Reason: Date:	<input type="checkbox"/> No <input type="checkbox"/> Yes Reason: Date:
	<b>Pneumococcal</b> (once; repeat if >65 yrs)	<input type="checkbox"/> Yes Date:	<input type="checkbox"/> No Reason:	
Management Plans	<b>Patient Goals</b> <b>Barriers to Self-management</b> (e.g. coverage, accessibility, competing demands)			
	<b>Women</b> Contraception/preconception planning			
	<b>Driving Guidelines Reviewed</b>			
	<b>Sick-Day Management</b> (advise holding metformin, SGLT2i, SU, ACEi/ARB, diuretic, NSAIDs if inadequate fluid intake and ill)			
	<b>Referrals Made</b>			
	<b>Changes to Medications or Other Management</b>			
	<b>Resources Provided</b>			
	<b>RECALL</b> (usually q3-4 months)	<input type="checkbox"/> Appointment given <input type="checkbox"/> Noted in recall system	<input type="checkbox"/> Appointment given <input type="checkbox"/> Noted in recall system	<input type="checkbox"/> Appointment given <input type="checkbox"/> Noted in recall system
For additional diabetes management resources, visit <a href="http://www.guidelines.diabetes.ca">www.guidelines.diabetes.ca</a> .				